

Veronica E. Wallace  
Paralegal Specialist

11/34

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTQ-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/555168

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/											
2		/					51					
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49		/					98					
50		/					99					
		/					100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.		9					TOTAL DEP.					
TOTAL CLAIMS	9	9					TOTAL CLAIMS					